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CONFIRMATION NO. 3995

SERIAL NUMBER 10/531,849	FILING OR 371(c) DATE 07/15/2005 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. AREX-P01-010
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/33027 10/17/2003  
 which claims benefit of 60/419,332 10/17/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	12	36	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

28120

**TITLE**

Therapeutic adjuvant

FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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